

# Kentucky Diabetes Connection



The Communication Tool for Kentucky Diabetes News

## AACE

American Association of  
Clinical Endocrinologists  
Ohio Valley Chapter

## ADA

American Diabetes  
Association

## DECA

Diabetes Educators  
Cincinnati Area

## GLADE

Greater Louisville Association  
of Diabetes Educators

## JDRF

Juvenile Diabetes Research  
Foundation International

## KADE

Kentucky Association of  
Diabetes Educators

## KEC

Kentuckiana Endocrine Club

## KDN

Kentucky Diabetes  
Network, Inc.

## KDPCP

Kentucky Diabetes Prevention  
and Control Program

## TRADE

Tri-State Association of  
Diabetes Educators

## A Message from Kentucky Diabetes Partners

### KENTUCKY EDUCATOR ELECTED TO TOP POSITION OF THE AMERICAN ASSOCIATION OF DIABETES EDUCATORS (AADE)!!



**Deborah Fillman**  
**AADE President Elect**

For the first time ever, a Kentucky educator will serve as President of the American Association of Diabetes Educators (AADE), an organization serving 12,000 professionals across the United States. Deborah Fillman, MS, RD, LD, CDE has been selected by her peers for AADE's top position.

Debbie, who has worked in diabetes care for over twenty years, currently works for the Kentucky Diabetes Prevention and Control Program (KDPCP) of the Green River District Health Department. She will take office as President of AADE in 2009 or 2010 depending upon the outcome of AADE's anticipated by-laws changes which will affect the AADE calendar year. In the interim, Debbie will continue to serve on AADE's Board of Directors.

**WE ARE PROUD TO HAVE DEBBIE  
LEAD THE NATION'S DIABETES  
EDUCATORS !  
WHAT AN HONOR!**

**CONGRATULATIONS, DEBBIE!!**



*AADE, founded in 1973, is a multi-disciplinary organization of healthcare professionals dedicated to integrating successful diabetes self-management as a key outcome in the care of people with diabetes.*

### WHAT'S INSIDE!

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**AND MORE....**

# Successful Diabetes Day at the Capitol Held

*Submitted by: Greg Lawther, KDN Advocacy Chairperson, Past KDN President*

On February 27<sup>th</sup>, 2007, the Kentucky Diabetes Network (KDN) held its annual ***“Diabetes Day at the Capitol”*** with the welcomed addition of the American Diabetes Association (ADA) as a co-sponsor for the event. The first ***“Diabetes Day at the Capitol”*** was held in 1998 and the effort that has been put into this event has definitely paid off!

Over the last ten years, several important pieces of legislation related to diabetes, have been passed. This legislation has included: insurance coverage for people with diabetes; recording of diabetes as a cause of death on the Kentucky death certificate; administration of glucagon to children with diabetes by school personnel; improvements in school nutrition; and the establishment of a KY Diabetes Research Board. Additionally, in 2005 and 2006, an additional \$2.6 million dollars per year was appropriated to support the Kentucky Diabetes Prevention and Control Program (KDPCP), the KY Diabetes Research Board, and the newly formed Diabetes Centers of Excellence. The KDPCP funding increase of \$1.65 million dollars had been a goal of KDN for several years before money was actually appropriated.

The 2007 ***“Diabetes Day at the Capitol”*** was another resounding success! There were 141 diabetes advocates who attended the event in Frankfort. The day began early that morning with advocacy training for participants. Following the training, participants assembled in the Capitol Rotunda for a rally. There we heard from a number of speakers including leaders of KDN, ADA, the executive and legislative branches of state government, and several children and adults with diabetes.

Following the rally, participants met one on one with 47 legislators. All remaining legislators were taken diabetes awareness packets and were written personal notes from attendees. The legislative message for the day was twofold — first to say “thank you” for all that has been done

in the last ten years for diabetes, and second to remind the legislature that there is still much left to be done. There was a special effort to discuss diabetes issues with legislators that were likely to be considered as the 2007 session of the legislature proceeded.

The day concluded with a special resolution in the House of Representatives recognizing Kentuckian Larry Smith, the Immediate Past Chairperson of the Board for the National American Diabetes Association (ADA).



*Larry Smith, Immediate Past Chair of the Board for the National American Diabetes Association, Addresses “Diabetes Day at the Capitol” Attendees*

*KDN President Randy Steele (L) with Speaker of the House Jody Richards (R)*



*Diabetes Advocates Meet With Legislators at “Diabetes Day at the Capitol”*





# 2007 Kentucky Diabetes Related Legislation

*Submitted by: Greg Lawther, KDN Advocacy  
Chairperson, Past KDN President*

The 2007 session of the Kentucky legislature ended on March 27th. There was some progress on issues that the Kentucky Diabetes Network (KDN) and the American Diabetes Association (ADA) were interested in, but not as much as we had hoped. The following issues and bills were of special interest to us:

- **Preserving Private and Public Insurance Coverage for People with Diabetes** -- Nothing happened here and in this case that is good! Existing insurance coverage for people with diabetes appears to have been preserved.
- Two bills to improve **physical activity in schools** were introduced:

**HB299** — <http://www.lrc.ky.gov/record/07RS/HB299.htm> — The original bill was amended on the floor of the House of Representatives and sent to the House Education Committee. This bill never made it out of the Education Committee.

**SB110** — <http://www.lrc.ky.gov/record/07RS/SB110.htm> — The original bill was amended on the floor of the Senate and subsequently was approved by the Senate. It was sent to the House, and also ended up in the House Education Committee for the remainder of the session.

- **HB 406** — <http://www.lrc.ky.gov/record/07RS/HB406.htm> — This bill would have required Medicaid providers to obtain and record the body mass index of recipients and to use the American Diabetes Association guidelines as a strategy to prevent or delay the onset of diabetes, control diabetes, and prevent the associated long-term complications. HB 406 was sent to the House Health and Welfare Committee and stayed there for the entire session.

- **HB 383** — <http://www.lrc.ky.gov/record/07RS/HB383.htm> — This bill amended the statutes related to the **Kentucky Diabetes**

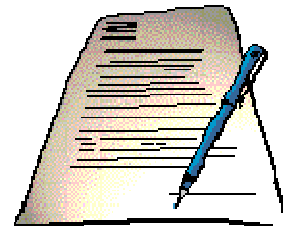
**Research Board** to change the submission deadline for research proposals and notification of funding decisions to a date determined by the board; to change research priorities to experimental, clinical, or population-based studies that may prevent, delay, or cure diabetic disease. HB 383 passed both the Senate and House and was signed into law by the Governor on March the 23<sup>rd</sup>. No action was taken to increase the funding of the KY Diabetes Research Board.

**SB 30** — <http://www.lrc.ky.gov/record/07RS/SB30.htm> — This bill related to licensing and regulation of practitioners of orthotics, prosthetics, and pedorthics. SB 30 made it through both the Senate and House, but was amended in the House. The House then approved a Committee Substitute for the bill before it was sent back to the Senate. The Senate did not take further action on the bill before the session ended.

**The 2007 session of the legislature was a 30 day session, not intended to deal with the budget. Thus the new diabetes funding appropriated in 2005 and 2006 was not touched. However, because of political wrangling between the two chambers in the first 28 days over a handful of "bigger" issues, much legislation like that listed above stalled in committees and never received a vote.**

**It's very likely we will see most of these bills re-introduced next year in the longer 60 day budget session, so the fight will continue. In the meantime, we need to continue to talk to our legislators about these issues.**

**Thanks again to all who attended "Diabetes Day at the Capitol" for 2007. We hope to see you all again next year!**



## KENTUCKY ADVOCACY TOOLS FEATURED ON NATIONAL ASSOCIATION OF CHRONIC DISEASE DIRECTORS NEWLY DEVELOPED ADVOCACY TOOLBOX



NATIONAL ASSOCIATION OF  
**CHRONIC DISEASE DIRECTORS**  
Promoting Health. Preventing Disease.

The National Association of Chronic Disease Directors has featured many of the Kentucky ***“Diabetes Day at the Capitol”*** tools on their newly formed website called the ***“Diabetes Council Advocacy Toolbox”***. The website has been developed to offer resources regarding effective advocacy efforts as well as practical information to plan advocacy programs for state diabetes staff and other diabetes advocates.

The six choices that the site features include: *State Advocacy Do's and Don'ts*; *Planning Tools for Policy Development*; *Communication and Special Events*; *Success Stories*; *Special Topics*; and *Frequently Asked Questions*. **The Kentucky materials are listed under *Communication and Special Events* and include the following sample materials from Kentucky's *“Diabetes Day At the Capitol”*:**

- Checklist
- Promotional Flyer
- Invitation
- Registration Form
- Confirmation Mailing
- Program/Agenda
- Kentucky Diabetes Fact Sheet, 2007
- Diabetes Messages for Legislators
- Great Comebacks for Special Situations

To access the toolbox, go to: <http://www.chronicdisease.org/i4a/pages/index.cfm?pageid=3529> .

## KENTUCKY BOARD OF NURSING DELAYS APPOINTMENT OF MEDICATION DELEGATION TASK FORCE

***TASK FORCE WILL AFFECT  
DIABETES CARE IN SCHOOLS***



KENTUCKY BOARD OF NURSING

In recent editions of this newsletter, there have been numerous articles written regarding diabetes care within Kentucky schools (*see Spring issue 2005, p.8, Summer issue 2005, p.8, Spring issue 2006, p.2-7, Fall issue 2006, p.2*). Recently, the Kentucky Board of Nursing (KBN) was again contacted to ask the status of the development of an updated position paper to address the administration of medications by unlicensed persons, which would include the provision of medication (insulin) for children in the school setting.

As follow-up to the inquiry, Bernadette Sutherland, Practice Consultant with the Kentucky Board of Nursing, responded that ***“she would soon be retiring and May 31 would be her last day at the KBN office.”*** Bernadette further noted, ***“Because of my retirement, KBN has delayed appointing the task force on medication administration by unlicensed personnel, but plans to convene it later this year. I don't know the exact timeframes yet. However, the new KBN nurse practice consultant (Sharon Mercer) will begin June 18 and after her orientation, she will assist the Board in convening the task force.”***

**WATCH THIS NEWSLETTER FOR  
FURTHER INFORMATION!!**



## THE STATE OF DIABETES IN AMERICA – NEW REPORT RELEASED BY THE AMERICAN ASSOCIATION OF CLINICAL ENDOCRINOLOGISTS (AACE)

*Taken from the Executive Summary, The State of Diabetes In America*

The “*State of Diabetes in America*” is a first-of-its-kind report on diabetes management in the United States that evaluates blood sugar control. Providing a sober assessment of the state of diabetes in America, the results revealed that most people with type 2 diabetes were not controlling their long-term blood sugar levels and, as such, were at a greater risk of developing serious diabetes-related complications.

Proprietary data collection for the report was conducted during 2003 and 2004. The intent of the research was to examine the percentage of people with type 2 diabetes in the U.S. who were not effectively managing their condition. Data was collected on A1C levels — a measurement of a person’s average blood sugar levels over the previous two to three months — in 39 states and Washington, D.C., where data was available. The results were then benchmarked against the current disease management goal recommended by the American Association of Clinical Endocrinologists (AACE) — an A1C target of 6.5% or less. The study included more than 157,000 people with type 2 diabetes.

**Two out of three people analyzed in the study failed to meet the AACE target A1C goal. The study showed that there is significant room for improvement in diabetes management as the majority of people studied in every state, including the District of Columbia, were not in control of their blood sugar levels.**

The “*State of Diabetes in America*” provides a snapshot of these findings and, in doing so, calls attention to a major health concern — that in spite of advances in diabetes care and numerous practical tools available, millions of Americans with type 2 diabetes struggle to control their blood sugar levels, putting them at risk for diabetes-related complications, such as stroke, heart attack, blindness, kidney failure and loss of limbs.

In response to these findings, a comprehensive public awareness campaign, “*State of Diabetes in America: Striving for Better Control*,”\*\*\* is being launched to improve diabetes management in the U.S. As part of the campaign, AACE is encouraging the many Americans with type 2 diabetes to join together in taking an “oath” to better control blood sugar levels. To take the oath and receive diabetes management tools, including a diabetes-friendly cookbook, people with type 2 diabetes should visit [www.stateofdiabetes.com](http://www.stateofdiabetes.com) or call (800) 704-4694.

The website [www.stateofdiabetes.com](http://www.stateofdiabetes.com) is part of a national education program called the *State of Diabetes Complications in America*, created by the American Association of Clinical Endocrinologists (AACE) in partnership with the members of the diabetes complications consortium, including the Amputee Coalition of America (ACA), Mended Hearts, National Federation of the Blind (NFB) and the National Kidney Foundation (NKF). The consortium was formed to provide beneficial information to people with type 2 diabetes about how to reduce the risk of the health complications associated with the disease, as well as support and encouragement to people who have experienced these serious health problems.

*\*Data for the Report were provided by Surveillance Data Inc. (SDI), the leading provider of real-time localized illness tracking and modeling data to the healthcare industry*

*\*\*For those states for which SDI data were not available, HEDIS® Quality Comparisons data from 2003 were used as a supplement*

*\*\*\*GlaxoSmithKline has provided funding and other support to AACE for the “State of Diabetes in America: Striving for Better Control” campaign*



# INDIANA PASSES COMPREHENSIVE LAW AFFECTING DIABETES CARE IN SCHOOLS!!

*Submitted by: Stewart Perry, National Vice Chair of the American Diabetes Association (ADA), KDN member, Lexington, KY*

The American Diabetes Association is pleased to announce that Indiana recently passed a law, effective July 1, 2007, which will improve diabetes care for children who have diabetes! The new law will form "volunteer health aides" to assist with diabetes care but requires that they have access to school nurses at all times either in person or by phone. The law also requires diabetes training for school nurses as well as the development of a training program for the "volunteer health aides". These aides will be allowed to administer glucagon and insulin as well as be involved in all aspects of diabetes care (under the supervision of a school nurse).

The following are excerpts from the actual law. For complete information go to: <http://www.in.gov/legislative/bills/2007/HE/HE1116.1.html>.

## Excerpts from Indiana HOUSE ENROLLED ACT No. 1116

AN ACT to amend the Indiana Code concerning education. *Be it enacted by the General Assembly of the State of Indiana:*

**SECTION 2. IC 20-34-5 IS ADDED TO THE INDIANA CODE AS A NEW CHAPTER TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2007]:**

**Chapter 5. Care of Students With Diabetes**

**Sec. 13.** (a) An individualized health plan must be developed for each student with diabetes while the student is at school or participating in a school activity. The school's nurse shall develop a student's individualized health plan in collaboration with:

- (1) to the extent practicable, the licensed health care practitioner responsible for the student's diabetes treatment;
- (2) the school principal;
- (3) the student's parent or legal guardian;
- (4) one (1) or more of the student's teachers.

(b) A student's individualized health plan must incorporate the components of the student's diabetes management and treatment plan.

**Sec. 14.** (a) At each school in which a student with diabetes is enrolled, the school principal, after consultation with the school nurse, shall:

- (1) seek school employees to serve as volunteer health aides; and
  - (2) make efforts to ensure that the school has an adequate number of volunteer health aides to care for students.
- (b) A volunteer health aide, while providing health care services, serves under the supervision and authorization of the principal and the school nurse in accordance with the requirements that apply to the school nurse under IC 25-23.
- (c) A volunteer health aide must have access to the school nurse, in person or by telephone, during the hours that the volunteer health aide serves as a volunteer health aide.
- (d) A school employee may not be subject to any disciplinary action for refusing to serve as a volunteer health aide. The school shall inform school employees that participation as a volunteer health aide is voluntary. A school employee who volunteers as a volunteer health aide may elect to perform only those functions that the school employee:
- (1) chooses to perform; and
  - (2) is trained to perform in the training program described in section 15 of this chapter.

**Sec. 15.** (a) The department may cooperate with the state department of health in the development of a diabetes training program for school nurses. The department, with the assistance of physicians or registered nurses who are qualified in the area of diabetes training, shall provide annual diabetes training programs to school nurses. The training must include technological advances, current standards of practice for diabetes management and training, and instruction in the following:

- (1) Developing individualized health plans for students with diabetes that follow the orders of a licensed health care practitioner.
- (2) Recognizing and treating the symptoms of hypoglycemia and hyperglycemia.
- (3) Understanding the current standards of practice and the proper action to take if the blood glucose levels of a student are outside the target ranges indicated on the student's diabetes management and treatment plan.
- (4) Performing tests to check glucose and ketone levels, and recording the results.

- (5) Properly administering glucagon, insulin, or other emergency treatments prescribed by the licensed health care practitioner, and recording the results.
  - (6) Recognizing complications that require emergency medical assistance.
  - (7) Understanding recommended schedules and food intake for meals and snacks for a student, the effect of physical activity on blood glucose levels, and the proper action to be taken if a student's schedule referred to in this subdivision is disrupted.
- (b) The department may cooperate with the state department of health in the development of a diabetes training program for volunteer health aides. The department, with the assistance of physicians and registered nurses who are qualified in the area of diabetes training, shall provide a diabetes training program for volunteer health aides which includes the most current standards of practice and technology for diabetes treatment. The training must include the following:
- (1) Implementing the orders of a licensed health care practitioner.
  - (2) Recognizing and treating the symptoms of hypoglycemia and hyperglycemia consistent with the orders of the licensed health care practitioner.
  - (3) Performing tests to check glucose and ketone levels, and recording the results.
  - (4) Properly administering glucagon, insulin, or other emergency treatments as prescribed, and recording the results.
  - (5) Recognizing complications that require emergency medical assistance.
  - (6) Understanding:
    - (A) recommended schedules and food intake for meals and snacks;
    - (B) the effect of physical activity on blood glucose levels; and
    - (C) the proper action to be taken if a student's schedule is disrupted.
- (c) The school nurse shall coordinate:
- (1) the training of school employees acting as volunteer health aides, using the training program developed under subsection (b); and
  - (2) the record keeping and monitoring of a volunteer health aide acting under this chapter.
- (d) Training for volunteer health aides must be provided by a health care professional with expertise in the care of individuals with diabetes or by a school nurse. The training must be provided before the beginning of the school year



or as soon as practicable following:

- (1) the enrollment; or
  - (2) the diagnosis of a student with diabetes at a school that previously had no students with diabetes.
- (e) The school nurse or principal shall maintain a copy of the training program and the records of training completed by school employees.

**Sec. 16.** (a) The school nurse shall perform the tasks necessary to assist a student in carrying out the student's individualized health plan.

- (b) When necessary, a volunteer health aide may perform the tasks necessary to assist a student in carrying out the student's individualized health plan, in compliance with the training guidelines provided under section 15 of this chapter.
- (c) A volunteer health aide may act under this section only if the parent or legal guardian of the student signs an agreement that:
  - (1) authorizes a volunteer health aide to assist the student; and
  - (2) states that the parent or legal guardian understands that, as provided under IC 34-30-14, a volunteer health aide is not liable for civil damages for assisting in the student's care.
- (d) A volunteer health aide who assists a student under this section:
  - (1) is not considered to be engaging in the practice of nursing; and
  - (2) is exempt from applicable statutes and rules that restrict activities that may be performed by an individual who is not an individual licensed or authorized under IC 25 to provide health care services.
- (e) A school corporation may not restrict the assignment of a student to a particular school on the sole basis of whether the school has volunteer health aides.

**Sec. 18.** A school shall provide the individual who is responsible for providing transportation for or supervising a student with diabetes during an off-campus school related activity an information sheet that:

- (1) identifies the student with diabetes;
- (2) identifies potential emergencies that may occur as a result of the diabetes and appropriate responses to an emergency; and
- (3) provides the telephone number of a contact in case an emergency occurs.



# MEDICARE COVERAGE FOR DIABETES

Medicare covers services to help people with diabetes manage their condition so they can prevent or reduce the severity of diabetes-related complications. Listed below is information / resources regarding Medicare benefits for diabetes self-management training, supplies, and other medical services that are important for beneficiaries to take advantage of to assist them in managing their diabetes.

## **Diabetes Self-Management Training**

Medicare approves certain diabetes self-management training services to help beneficiaries successfully manage their disease. A beneficiary can receive diabetes self-management training services if he or she is at risk for complications from diabetes, has been recently diagnosed with diabetes, or has diabetes and is now eligible for Medicare. Beneficiaries pay 20% of the Medicare-approved amount after the yearly Part B deductible for diabetes self-management training services. The physician managing the beneficiary's diabetes must certify that diabetes self-management training services are needed under a comprehensive plan of care.

## **Therapeutic shoes**

Medicare covers therapeutic shoes and inserts for beneficiaries who have Medicare Part B, have diabetes, and are being treated under a comprehensive plan of care. This benefit includes either 1 pair of custom-molded shoes (including inserts provided with such shoes) and two additional pairs of inserts, or one pair of depth shoes and three pairs of inserts (not including the non-customized removable inserts provided with such shoes). Medicare beneficiaries pay 20% of the Medicare-approved amount after meeting the yearly Medical Part B deductible.

## **Diabetes supplies**

Medicare covers blood glucose self-testing equipment and supplies, including monitors, insulin pumps, lancet device, lancets, test strips and glucose control solutions. Beneficiaries pay 20% of the Medicare-approved amount after meeting the yearly Part B deductible. In January 2006, injectable insulin began to be covered under the Medicare Part D Program. A person must be enrolled in Part D to receive this benefit.

## **Other medical services**

Medicare covers medical services which are important for people with diabetes to have routinely. These include foot care, hemoglobin A1c tests, and dilated eye exams for diabetic retinopathy. Other Medicare preventive benefits, including glaucoma screening and immunizations, are also important for people with diabetes. Medicare also covers the costs associated with pancreatic islet cell transplant clinical trials.

Medicare has several disease management demonstrations underway aimed at helping people with diabetes (and other diseases) manage their disease. In addition, Section 721 of the Medicare Modernization Act of 2003 (MMA) authorized development and testing of a voluntary chronic care improvement program, now called Medicare Health Support, to improve the quality of care and life for people living with multiple chronic illnesses, including diabetes. The Medicare Health Support Program is currently being phased in within regions across the country.

## **Diabetes Screening**

The Medicare Prescription Drug, Improvement, and Modernization Act (MMA) of 2003, expanded diabetic services covered by Medicare to include diabetes screening for beneficiaries at risk for diabetes or those diagnosed with pre-diabetes. This benefit will help to improve the quality of life for Medicare beneficiaries by preventing more severe conditions that can occur without proper treatment from undiagnosed or untreated diabetes.

## **Eligibility for Screening**

To be eligible for the diabetes screening tests, beneficiaries must have any of the following risk factors or at least two of the following characteristics:

Individuals are considered at risk for diabetes if they have any of the following risk factors:

- Hypertension
- Dyslipidemia
- Obesity (a body mass index greater than or equal to 30kg/m<sup>2</sup>)
- Previous identification of an elevated impaired fasting glucose or glucose intolerance

## OR

Individuals who have a risk factor consisting of at least 2 of the following characteristics:

- Overweight (a body mass index greater than 25 but less than 30kg/m<sup>2</sup>)
- Family history of diabetes
- Age 65 or older
- A history of gestational diabetes mellitus, or delivery of a baby weighing greater than 9 pounds

Effective with services provided on or after January 1, 2005, Medicare provides coverage of diabetes screening tests for individuals in the risk groups previously listed or those diagnosed with pre-diabetes.

## What Medicare Covers

- A fasting blood glucose test

## AND

- A post-glucose challenge test; not limited to an oral glucose tolerance test

## OR

- A 2-hour post-glucose challenge test alone
- For those with pre-diabetes, Medicare covers a maximum of two diabetes screening tests within a 12 month period (but not less than 6 months apart)

For those who do not have diabetes or have not been previously diagnosed with pre-diabetes, Medicare covers a diabetes screening test within a 12 month period (or that at least 11 months have passed following the month in which the last Medicare covered diabetes screening test was performed)

**What the Physician Must Do**  
Provide a referral for an individual at risk for diabetes

**What the Beneficiary Pays**  
There is no coinsurance, copayment or deductible for this benefit

New materials are available from the Centers for Medicare & Medicaid Services and are designed to explain Medicare coverage of diabetes supplies and services in the Original Medicare Plan.

## New materials include:

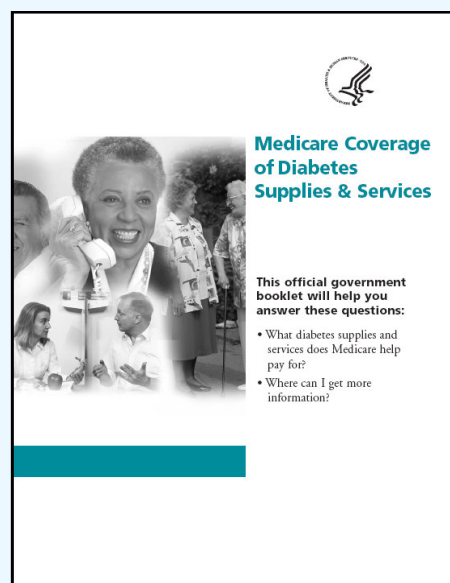
- *Staying Healthy: Medicare's Preventive Services (also in Spanish)*
- *Medicare Coverage of Diabetes Supplies & Services (also in Spanish)*

For more details about how to receive a free copy of the *Guide to Medicare's Preventive Services* (CMS Pub. No. 10110) and/or *Medicare Coverage of Diabetes Supplies and Services* (CMS Pub. No. 11022) go to [www.medicare.gov](http://www.medicare.gov) and select "Publications" or call 1-800-MEDICARE (1-800-633-4227) and follow the instructions to order the publication.

## Diabetes Supplies and Services NOT Covered by Medicare

- alcohol swabs,
- eye exams for glasses (called refraction),
- gauze,
- injection devices (like jet injectors),
- insulin pens,
- insulin (unless used with an insulin pump),
- orthopedic shoes (shoes for people whose feet are impaired, but intact),
- outpatient prescription drugs,\*
- routine or yearly physical exams,
- syringes,
- weight loss programs.

\* Medicare's new prescription drug coverage started January 1, 2006. This will include coverage for insulin and medical supplies associated with the injection of insulin. Medicare-approved drug discount cards are available now. For more information, get a free copy of the *Medicare & You* handbook (CMS Pub. No. 10050).



# LANDMARK FEDERAL HANDBOOK ON THE USE OF PATIENT REGISTRIES PUBLISHED

*Agency for Healthcare Research and Quality (AHRQ)  
Public Affairs*

The Health and Human Services (HHS) Agency for Healthcare Research and Quality (AHRQ) recently released a new handbook to help researchers and others use patient registries to evaluate the real-life impact of health care treatments.

A patient registry is a database of confidential patient information that can be analyzed to understand and compare the outcomes and safety of health care. The data may originate from multiple sources, including hospitals, pharmacy systems, physician practices, and insurance companies. Some registries include patients who have the same disease. Others are comprised of patients who have undergone a common surgical procedure or received a newly approved medication.

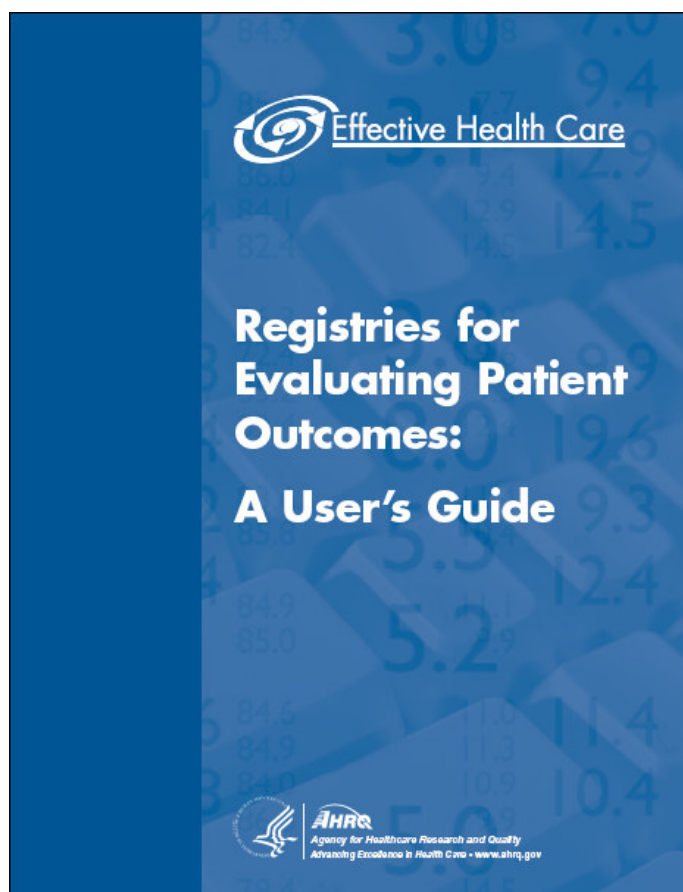
An analysis of patient registry data may offer insights that can improve health care and public health. For example, doctors may use a registry database to monitor disease patterns or identify unexpected adverse events in specific populations. Physician groups may analyze treatments to identify opportunities for quality improvement. Health insurers may review treatment trends before making coverage decisions. Researchers from academia, industry, and government may use registries to monitor the

long-term comparative benefits, safety, and harms of medications or medical devices.

“This Registries Guide is a milestone in our growing efforts to draw from medical practice and learn which treatments really work best,” said HHS Secretary Michael O. Leavitt. “If we can learn more systematically from the experience of millions of patients and clinicians in day-to-day practice, then we can discover more quickly which treatments are truly most effective, and for whom.”

The new 219-page document, *Registries for Evaluating Patient Outcomes: A User's Guide*, is the first government-supported handbook for establishing, managing, and analyzing patient registries. Development of the handbook was co-funded by AHRQ and HHS' Centers for Medicare & Medicaid Services. Thirty-nine contributors from industry, academia, and government collaborated to create the handbook.

The guide is downloadable from <http://www.effectivehealthcare.ahrq.gov>, and soon will be available in two printed forms – as the full-length document and as a 13-page summary that includes the best practices checklist. Copies may be ordered from the AHRQ Publications Clearinghouse by sending an e-mail to [AHQPubs@ahrq.hhs.gov](mailto:AHQPubs@ahrq.hhs.gov) or calling 1-800-358-9295.





# CDC NAMES DR. ANN ALBRIGHT AS DIRECTOR OF THE DIVISION OF DIABETES TRANSLATION



Dr. Ann Albright assumed the post of Director, Division of Diabetes Translation (DDT), Centers for Disease Control and Prevention (CDC), in January 2007. As director, Dr. Albright leads a team of more than 100 individuals who strive to eliminate the preventable burden of diabetes through leadership, research programs, and policies that translate science into practice. Dr. Albright received her doctoral degree in Exercise Physiology from the Ohio State University, completed a National Institutes of Health postdoctoral fellowship in nutrition at UC Davis, and a clinical internship in nutrition at UCSF.

Prior to commencing her new post at the CDC, Dr. Albright served as Chief of the California Diabetes Program for the California Department of Health Services, a position she held since 1995. Dr. Albright also held an academic appointment in the Institute for Health and Aging at UCSF. From 2003-2004, Dr. Albright served as the Senior Health Policy Advisor in the Office of the United States Surgeon General.

Dr. Albright is well known for her work in diabetes including the implementation of evidence-based diabetes care guidelines, work on models of care in community clinics, and development of public awareness campaigns to increase the understanding of diabetes and importance of blood glucose control. Dr. Albright is published in the areas of body composition, diabetic nephropathy, the role of tissue glycosylation in diabetic complications, and the feasibility of enhanced care among Medicaid recipients with type 2 diabetes. Dr. Albright has served in key leadership roles with the American Diabetes Association including her current role as President-Elect for Health Care and Education, the American College of Sports Medicine, the American Association of Diabetes Educators, and the American Dietetic Association.



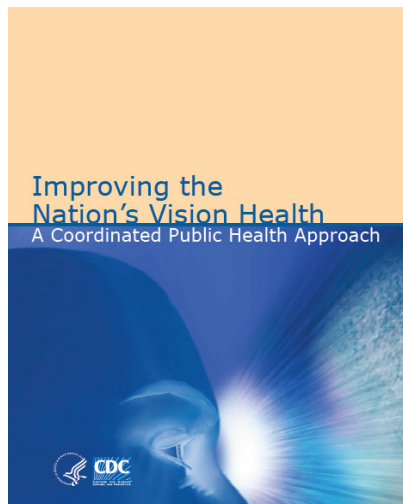
*Dr. Ann Albright, Director of the Division of Diabetes Translation for the Centers for Disease Control*

"I am extremely pleased to be joining this Division to build on strong partnerships in the diabetes community and discover new ideas for addressing the burden of diabetes," Dr. Albright said. "It is a privilege to lead a team that possesses the expertise and commitment needed to continue our strides in the interest of diabetes prevention, control, and improved quality of care."



## NEW VISION REPORT AVAILABLE TO ASSIST COMMUNITIES IN PLANNING FOR PREVENTION!

A new CDC report entitled, *Improving the Nation's Vision Health: A Coordinated Public Health Approach*, developed through the efforts of the CDC Vision Health Initiative and diverse stakeholders, highlights a national public health framework to prevent vision impairment and blindness and coordinate prevention and rehabilitation efforts between all sectors.



The report provides comprehensive and coordinated vision health strategies and activities. Strategies identified include: building on existing vision data sources; assessing the total impact of blindness and vision impairment throughout the life span; providing a more thorough understanding of the application of behavior change models to improve utilization of vision care and modify provider practice; enhancing the roles of existing health programs; and, assessing and encouraging appropriate modifications to health care systems to better meet the vision health needs of all Americans.

Diabetes professionals have a unique opportunity to explore and implement many opportunities for enhanced vision health that are contained in this collaborative document. For a full copy of the document go to <http://www.cdc.gov/diabetes/pubs/vision.htm> and click on the document. Or contact: **The Vision Health Initiative (VHI)**, 4770 Buford Highway, Mail Stop K-10, Atlanta, GA 30341-3724, 1-800-CDC-INFO, FAX: (770) 488-1148, 1-888-232-6348 TTY (232-3422), Web site: <http://www.cdc.gov/diabetes>

## JANUVIA CASE STUDY

*Submitted by: L. Raymond Reynolds, MD, FACP, FACE, Associate Professor of Internal Medicine, Division of Endocrinology and Molecular Medicine, University of Kentucky College of Medicine, Lexington, KY*

A 56 yr old man with a 5 yr history of type 2 diabetes was seen in consultation from his primary care physician. His medications included glyburide 5 mg bid and metformin 1000 mg bid plus lisinopril 5 mg bid and simvastatin 40 mg qd. He had recently started a program of increased walking and dieting and experienced several episodes of hypoglycemia. BMI was 30 and HbA1c was 7.4%.

Glyburide was discontinued and Januvia 100 mg qd was initiated. Metformin was continued. No further episodes of hypoglycemia have occurred. He has continued exercise and dieting with a modest 10 lb weight loss. Fasting glucose levels are ranging from 100-130. Post-dinner glucose levels are 150-180, depending on intake and activity. The HbA1c will soon be retested.

\*\*\*\*\*



See more  
CDC  
Conference  
photos on  
next page



*Kentucky Attendees At Centers for Disease Control 2007 Diabetes Translation Conference*



# Kentucky Well Represented at National Diabetes Conference

Kentucky was well represented at the National Centers for Disease Control and Prevention Diabetes Translation Conference held April 30<sup>th</sup> through May 3<sup>rd</sup> in Atlanta. Five people from Kentucky were selected to present at the concurrent sessions and two KY programs were asked to present a poster presentation.

Great JOB Kentucky!!

## Oral Presentations and Presenters Included:



**Working Collaboratively to Address Diabetes Care Within Kentucky Schools**  
by Janice Haile RN, BSN, CDE (right)



**Advocacy for Public Health**  
by Theresa Renn RN, BSN, CDE

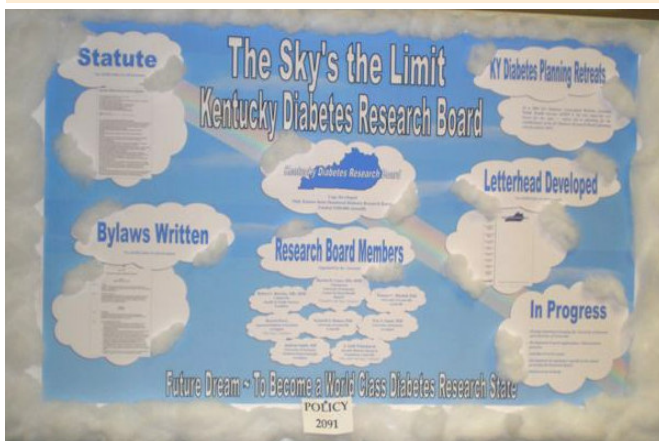


**Diabetes, Disasters, and Decisions** by Pam Allweiss, MD, MPH (right) and Paula White MS, RD, LD (left)



**Public Health and Extension Service Promote Healthy Diet Through the Use of Cooking Schools**  
by Barbara Baird RD, CDE

## Poster Sessions Included:



**The Sky's the Limit: Kentucky Diabetes Research Board**



**PharmacistCARE: A Unique College of Pharmacy Collaborative to Address Diabetes** by Holly Divine, PharmD, CGP, CDE (left) and Amy Nicholas, PharmD, CDE (right)



## **WE CAN!**

### **PROGRAM EMPOWERS PARENTS TO HELP CHILDREN EAT BETTER AND MOVE**

***We Can!*** (Ways to Enhance Children's Activity and Nutrition), designed by the National Institutes of Health, gives parents the knowledge, skills and support they need to help their children (7-13 years old) eat better and move more. **Now, the KY Obesity Program will provide resources for you to bring this important program to your own community!!**

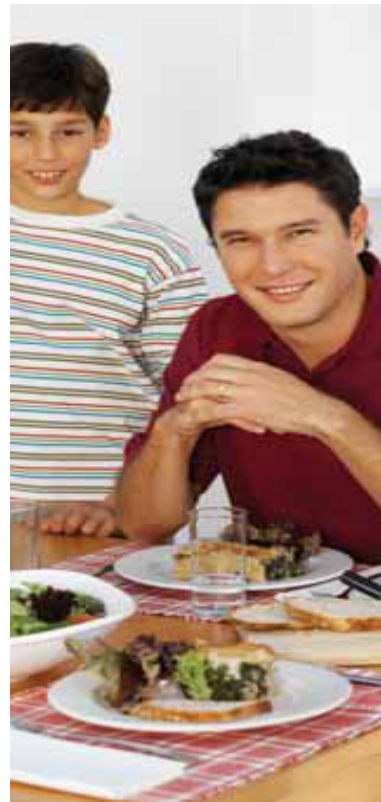
**We Can!** is a turn-key, science-based program that provides leaders the tools to facilitate 4 one-hour sessions for parents. A free leader's notebook provides tested scripts, activities and handouts that make facilitating this program easy and successful.



***We Can!*** is fun and it works. Parents who participate in ***We Can!*** show improvements in increasing healthy foods in the home, limiting empty calorie foods, increasing family activity and reducing screen time.

The KY Obesity Prevention Grant Team has chosen ***We Can!*** as one of their statewide initiatives. Free trainings are offered to any community that can convene at least 10 potential leaders for a 3- hour training. Participants experience a ***We Can!*** session, learn recruitment tips and receive tools for leading this exciting 4-week series easily and effectively.

To bring a ***We Can!*** Leaders Training to your community, contact Anita Courtney, KY. ***We Can!*** Coordinator at 859-229-8400 / [anitac@qx.net](mailto:anitac@qx.net).



***Parents are Key to Preventing Childhood Obesity***

Each ***We Can!*** session includes:

- Clear, practical info...
- Sharing among parents...
- Interactive activities...
- Simple cooking demo...
- Physical activity...
- Commitment to try something new and report to the group the following week



For more information, visit <http://wecan.nhlbi.nih.gov>.

## MAYFIELD MIDDLE NAMED WINNERS OF *KENTUCKY KIDS MOVE IT!* Program Encourages Physical Activity, Diabetes Prevention

*Submitted by: Gwenda Bond and Beth Crace  
Cabinet for Health and Family Services  
Division of Communications, Frankfort, KY*

The Kentucky Diabetes Network announced on May 17<sup>th</sup> that Mayfield Middle School is the winner of the statewide ***“Kentucky Kids Move It!”*** competition, earning the school \$1000 for students’ dedication to physical activity and leading a healthy lifestyle. The money is given to the school’s wellness committee to promote a healthy environment. The announcement was made at the western Kentucky middle school during an event that also included a healthy eating presentation from the Purchase District Health Department.

“Diabetes has become an epidemic in our society. More and more, health care providers are diagnosing children and teens with type 2 diabetes, a disease usually seen in people over age 40,” said William Hacker, M.D., Health and Family Services’ acting health undersecretary and public health commissioner. “Programs like ***‘Kentucky Kids Move It’*** are just what we need to educate our young people about living a healthy lifestyle and preventing diabetes.”

The contest, which ran throughout the 2006-2007 school year, was created to help curb the rate of diabetes among young people. To increase participation in the contest, KDN sent an invitation to all schools in Kentucky asking students to track their physical activity. Schools could log students’ activity in books provided by KDN or choose another method they designed themselves.

“Often diabetes can be prevented with good nutrition and regular physical activity,” said Amy Campbell, a diabetes educator with the Kentucky Diabetes Prevention and Control Program of the Lexington-Fayette County Health Department and a member of KDN. “We’re looking for schools, like Mayfield Middle, where students are showing a commitment to their personal well-being. They can help us spread our message about living well and preventing diabetes.”

KDN, Inc. is a statewide partnership of Kentucky organizations, associations and individuals who have a professional or personal connection with diabetes. Many health educators and health care providers from local health departments and the Kentucky Department for Public Health are KDN members.

If you would like to partner with KDN to help reduce the burden of diabetes in the Commonwealth of Kentucky, you may download a KDN member commitment form, at [www.kentuckydiabetes.net](http://www.kentuckydiabetes.net) and mail it to the address listed.



***Judith Watson Presents \$1000 Check to  
Mayfield Middle School Students***



***Lindsey Flowers, Health Educator, Purchase  
District Health Department, Presented  
“MyPyramid” to Mayfield Middle School Students***

## 2007 Kentucky Diabetes Fact Sheets Now Available!!

Submitted by: Teri Wood, Kentucky Diabetes Prevention and Control Program Epidemiologist, KY Department for Public Health, Frankfort, KY

Have you ever needed to know data about diabetes in Kentucky for a grant or presentation you were doing? Or maybe you needed information to share at diabetes classes you might teach. The Kentucky Diabetes Prevention and Control Program (KDPCP) is pleased to announce the release of the **2007 Kentucky Diabetes Fact Sheets**.

The Fact Sheet tools are available regarding the following populations: Overall KY Population; African Americans; Appalachian; and Seniors. You can download these tools at the KDPCP website at <http://chfs.ky.gov/dph/ach/cd/diabetes.htm> -- go to Helpful Information and click on "Fact Sheets".

## Two New Diabetes PowerPoint Slide Sets Now Available FREE!!

As follow up to an article that appeared in the winter issue of this newsletter (see KY Diabetes Connection, Winter issue, p. 10), there are now two additional diabetes PowerPoint slide programs available through the National Diabetes Education Program (NDEP)! These new resources are an addition to a series of PowerPoint slides that contain information regarding diabetes management and diabetes prevention that can be used by diabetes professionals when making presentations to the community. The series, in addition to **Diabetes: The Numbers** which was introduced in January 2007, now includes the second and third diabetes slide sets.



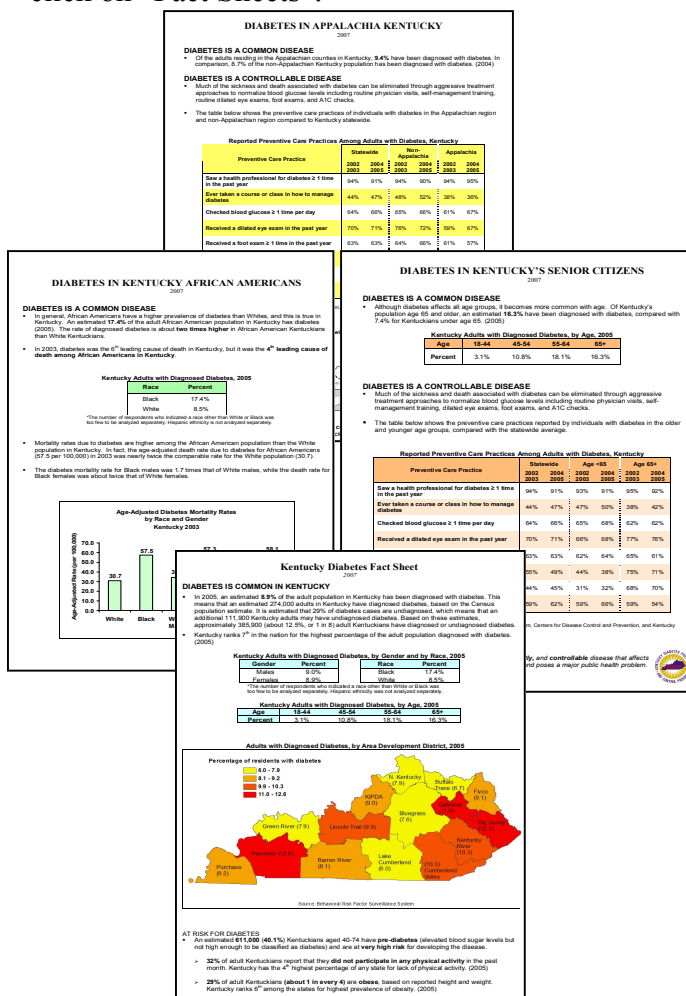
**Diabetes: The Science of Control**, introduced in April 2007, contains information about the science of diabetes control and highlights NDEP's materials for consumers with diabetes and health care professionals.



**Diabetes: The Science of Prevention**, introduced in April 2007, gives an overview of the Diabetes Prevention Program (DPP) as well as information about NDEP's prevention campaign materials for high risk audiences.



Each PowerPoint slide set in the series is designed as a resource for health care professionals, diabetes educators, and students. Slides can be downloaded as an entire presentation or used individually. For more information about the slide sets, visit the Resources for Health, Education, and Business Professionals section of the NDEP website, or <http://ndep.nih.gov/resources/presentations/presentations.htm>.





## Kentucky Medical Association Offers Free Diabetes Program

*Submitted by: Pamela Allweiss, MD,  
Endocrinologist, Lexington, KY, Centers for Disease  
Control and Prevention, Member AACE and KDN*

The Kentucky Medical Association (KMA) is now offering a free diabetes continuing medical education program for primary care providers entitled, ***“Chronic Care of Diabetes: Recommendations for Monitoring, Education and Treatment; Translating Recommendations into Clinical Practice.”*** KMA has designated this continuing medical education activity for a maximum of 3 *AMA PRA Category 1 Credits™*.

This CME program is supported in part by the Kentuckiana Health Alliance Quality Improvement Consortium (KHAQI-C), and produced in accordance with the *AMA Standards for Industry-Supported Multimedia Continuing Medical Education*. The author of the program is Jeffrey Rice, MD, Lexington, KY with contributing editors being Nancy Swikert, MD, Florence, KY and Pamela Allweiss, MD, Lexington, KY.

The program highlights the current diabetes clinical practice recommendations as well as tools to implement the guidelines into actual practice. CME Credit is available until December 31, 2008. The program can be accessed on the KMA website: <http://www.kyma.org/> under section, News You Can Use, then click on [Chronic Care of Diabetes - CME Program](#). For more information contact: Kentucky Medical Association, 4965 US Hwy 42, Suite 2000, Louisville, KY 40222-6301, phone 502-426-6200.



## WALK FOR DIABETES!

*JDRF SETS ANNUAL WALKS FOR  
LOUISVILLE AND LEXINGTON*

### 2007 Greater Louisville Walk to Cure Diabetes

Saturday, September 15<sup>th</sup>

Bowman Field/Seneca Park

Louisville, KY

Registration: 8:00 a.m.

Walk: 10:00 a.m.

### 2007 Bluegrass Region Walk to Cure Diabetes

Saturday, September 22<sup>nd</sup>

Jacobson Park, Lexington, KY

Registration: 8:00 a.m.

Walk: 10:00 a.m.

*For team registration, sponsorship opportunities,  
or exhibitor information: Call 502-485-9397 or  
866-485-9397 or visit [www.jdrf.org](http://www.jdrf.org) and access  
Kentuckiana Chapter.*



## New JDRF Support Group Formed

*The Kentuckiana Chapter of the Juvenile Diabetes Research Foundation International has initiated a new Support Group which meets the last Saturday of the month from 2:30 - 4:00 p.m. in Louisville, KY. For information, call Tara Denham at JDRF at 502-485-9397 or 866-485-9397.*

## NATIONAL DIABETES YOUTH ADVOCATE FROM LEXINGTON URGES INVOLVEMENT IN THE *"GET HEALTHY KENTUCKY"* INITIATIVE

*Submitted by: Justin Harris, American Diabetes Association 2006-2007 National Youth Advocate, Lexington, KY*

Hello, my name is Justin Harris and I am the National Youth Advocate for the American Diabetes Association (ADA). I have had Type 1 diabetes since I was six years old caused from a ruptured appendix. Since then, I have been working hard to make the lives of individuals with diabetes easier. I am passionate about fighting for a cure for diabetes as I travel to camps around the country talking with children and teens who have diabetes. I am just as passionate about diabetes when talking to our Kentucky legislators.

The *"Get Healthy Kentucky"* initiative is a great way to help all children in the state of Kentucky! I am so glad that we have people like Secretary Birdwhistell who care so passionately about the lives of Kentuckians. Below is a message Secretary Birdwhistell sent to me and I am pleased to share this message with you.

### **Message from Secretary Mark D. Birdwhistell**

March 27, 2007 was Diabetes Alert Day, and fortunately we have a very passionate American Diabetes Association National Youth Advocate, Justin Harris, from here in Kentucky. I recently had the opportunity to meet Justin and saw firsthand how he encourages people to get involved and bring awareness to a health issue that affects so many Kentuckians.

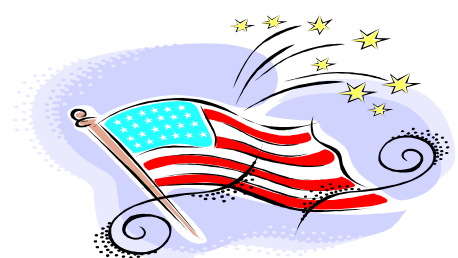
Kentucky has the seventh highest rate of adult diabetes and it is the sixth leading cause of death. More troubling is the increase of type 2 diabetes in our youth, largely related to the increase in childhood overweight and obesity rates. It is estimated that one out of three of our youth could develop diabetes during their lifetime.

Justin and I have discussed how we can collectively work together through the *"Get Healthy Kentucky"* program to not only increase awareness, but to promote physical activity, better

nutrition choices and tobacco cessation. I encourage everyone to join Justin's efforts, get involved and together we will **Get Healthy Kentucky**. For more information regarding the *"Get Healthy Kentucky"* initiative go to <http://gethealthy.ky.gov/>.



*Kentucky Governor Ernie Fletcher (L) and Justin Harris (R), National Youth Advocate for the American Diabetes Association*



## AMERICAN DIABETES ASSOCIATION (ADA) LAUNCHES CHECKUP AMERICA

In an effort to educate and empower people to take action for their health, the American Diabetes Association (ADA) has launched **CheckUp America**, a national prevention initiative aimed at helping Americans learn how to lower their risk for type 2 diabetes and heart disease. To support **CheckUp America**, ADA will also develop a new public service campaign entitled "Now or Later," to reach health care professionals and the general public about the urgent need for people to have regular checkups and reduce their risk for type 2 diabetes and heart disease. The campaign will include print, TV, and radio PSAs, along with collateral educational materials that will be promoted to patients with diabetes, those at high risk for diabetes, and health care professionals. For more information about **CheckUp America** and cardiometabolic health, visit [www.CheckUpAmerica.org](http://www.CheckUpAmerica.org).

### Checkup Chart

Use these guidelines to help you know when to ask your doctor about screenings to prevent diabetes and heart disease.

Test	Age			
	20	30	40	50+
Waist Circumference	Each regular health care visit			
Blood Pressure	Each regular health care visit (or at least once every 2 years if BP <120/80 mm HG)			
Cholesterol	Every 5 years			
Blood Glucose Test	Every 3 years			

For more information about Check Up America, call 1-800-DIABETES (342-2383) or visit [CheckUpAmerica.org](http://CheckUpAmerica.org)

[CheckUpAmerica.org](http://CheckUpAmerica.org)

## CERTIFIED DIABETES EDUCATOR (CDE) SCHOLARSHIP OFFERED *DUE JUNE 8TH*

**Would you like help paying for the Certified Diabetes Educator (CDE) Exam? Are you a member of or do you work with high risk populations who have diabetes?**

The Kentucky Diabetes Network, INC High Risk Populations Workgroup, is pleased to offer a new scholarship designed to assist health care professionals obtain national certification as a certified diabetes educator. To be eligible, applicants must be a member of, or serve a KDN targeted high-risk population group. KDN's targeted high-risk populations include: African American, Hispanic/Latino, Appalachian, Asian/Pacific Islander, the elderly and/or youth.

Scholarship applicants must meet certified diabetes educator criteria as established by the National Certification Board for Diabetes Educators (NCBDE) as well as requirements established by the KDN High-Risk Populations Workgroup. **The KDN scholarship committee must receive the completed packet and all supporting materials by close of business Friday, June 8, 2007. The value of the scholarship will not exceed \$1000 dollars.**

Scholarship packets may be downloaded at [www.kentuckydiabetes.net](http://www.kentuckydiabetes.net) or contact Mary Malone, RN, Chair of KDN High-Risk Populations Workgroup at 502-541-6917 or [mary.malone@kctcs.edu](mailto:mary.malone@kctcs.edu).





## KENTUCKY DIABETES CAMP FOR KIDS

*Submitted by Mechelle Coble, RD, CDE, Kentucky Diabetes Prevention and Control Program of the Lincoln Trail District Health Department, KY ADA Camp Chairperson, GLADE, KDN Member*

Are you looking for adventure, reward, and great fun!!! Look no further, Camp Hendon is Kentucky's week-long residential camp for children with type 1 and type 2 diabetes. Think how rewarding it would be helping 100 plus kids have a great camp experience and learn something about their diabetes!

**As Kentucky's ADA Camp Chairperson, I am asking for diabetes nurses and nutritionists as well as other volunteers to assist with this year's camp.**

Camp Crooked Creek is located in Shepherdsville, Kentucky in Bullitt County, approximately 30 minutes south of Louisville. The camp site is situated adjacent to the Bernheim Forest and is part of the 1,000 acre Old Kentucky Home Scout Reservation. Campers enjoy meeting other children with diabetes and spending time outdoors while participating in fishing, riflery, hiking, arts and crafts, ropes courses, nature and more! Campers are supervised 24 hours a day by doctors, nurses, dietitians, and counselors thoroughly trained in diabetes management.

**Camp Dates:** July 22, 2007 - July 28, 2007

**Camper Ages:** 8-17

**Camp Fees:** \$325 ADA Members \$350 Nonmembers  
Financial Aid is available

**If you are interested in working at the Kentucky diabetes camp or need camp brochures to share with your children who have diabetes, please contact Mechelle Coble or Missy Jardine.**

Mechelle Coble  
[mecheller.coble@ky.gov](mailto:mecheller.coble@ky.gov)  
1-800-280-1601 ext: 1007

Missy Jardine  
[mjardine@diabetes.org](mailto:mjardine@diabetes.org)  
1-888-DIABETES x 6662  
1-513-404-8431



## FREE LEXINGTON DAY CAMP FOR CHILDREN WITH DIABETES

The Kentucky Association of Diabetes Educators (KADE) and the Lexington Lion's Club will host the **18<sup>th</sup> ANNUAL FUN CAMP FOR CHILDREN WITH DIABETES**, on July 13, 2007, 8:00 a.m. - 4:00 pm, at Masterson Station Park, Lexington, KY.

The one day camp is for children with diabetes who have completed grades K-8. The Fun Camp provides a safe, medically supervised experience while offering many fun activities, such as crafts, games, and rides. Children will have the opportunity to meet other children with diabetes and have FUN!

Pre-Registration is required. A registration packet will be sent to all qualified campers upon request. Forms must be completed and returned no later than Friday, JUNE 29, 2007. For further information on availability or to request the registration forms, call Kim DeCoste at (859) 623-3462 or Melissa Combs-Wright at (859) 323-5404.

## CINCINNATI DIABETES DAY CAMP FOR KIDS

Camp Tokumto is a week-long day camp for children with type 1 or type 2 diabetes. It is held at Riverside Lodge at Lake Isabella, in Loveland, Ohio, a suburb of Cincinnati. Riverside Lodge is located along the Little Miami River, and operated by the Hamilton County Park District. Campers enjoy meeting other children with diabetes as well as spending time outdoors while participating in fishing, nature, crafts, diabetes education and field trips. Campers are supervised by nurses, dietitians, and counselors thoroughly trained in diabetes management.

**Camp Dates:** June 18, 2007 - June 22, 2007

**Camper Ages:** 5-9

**Camp Fees:** \$200 ADA Members, \$225 Non Members

Financial Aid is available

**Contact:** Missy Jardine  
at 1-888-342-2383  
x-6662, or  
[mjardine@diabetes.org](mailto:mjardine@diabetes.org)  
ADA, 644 Linn Street,  
Suite #304  
Cincinnati, Ohio 45203



# Updated! *Diabetes Numbers At A Glance* and *It's Never Too Early to Prevent Diabetes*

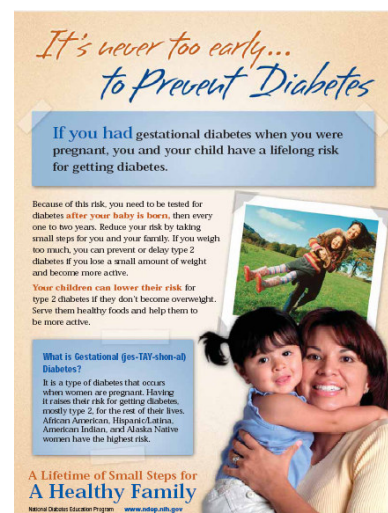
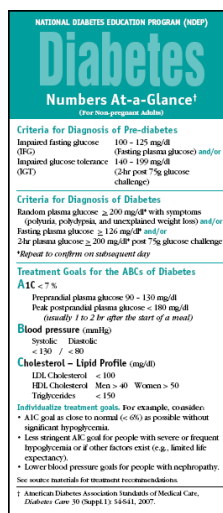
Two NDEP publications, *Diabetes Numbers At A Glance* and *It's Never Too Early to Prevent Diabetes*, have recently been updated and redesigned.

Developed for health care professionals, the updated 2007 *Diabetes Numbers At A Glance* reference card is a convenient, pocket-sized guide to help diagnose and treat pre-diabetes and diabetes. Health care professionals can use the card and easily look up recommendations from the American Diabetes Association for diagnosing and managing patients with diabetes. The guide also provides treatment goals by giving a range of healthy blood glucose, blood pressure, and cholesterol numbers for patients with diabetes, as well as a diabetes management schedule.

The updated *It's Never Too Early to Prevent Diabetes. A Lifetime of Small Steps for a Healthy Family* tip sheet emphasizes that women with a history of gestational diabetes are at an increased risk for diabetes. Their children are also at increased risk for obesity and diabetes in childhood and adolescence, compared

to other children. The tip sheet spreads the news that it is possible to prevent or delay type 2 diabetes and provides action steps to help women with a history of gestational diabetes prevent or delay diabetes and help their children lower their risk for the disease.

To order or download either free publication, visit NDEP's Publications Catalog online at <http://www.ndep.nih.gov/> or call 1-800-438-5383.



Registration and Housing are now open for  
AADE's 34th Annual Meeting & Exhibition  
August 1-4, 2007, St. Louis, Missouri

**It's So Close This Year —Mark Your Calendar to Attend!**

Don't miss this great chance to register for the AADE annual conference which includes Corporate Symposia, Product Theatres, general and breakout sessions, the Exhibit Hall, evening social events and more!

**Conference will count for Certified Diabetes Educator (CDE) Renewal**

For more information and to register, please go to <http://www.aadenet.org/ContinuingEducationCE/AnnualMeetings.shtml>.

Questions? Please email [meetings@aadnet.org](mailto:meetings@aadnet.org).

**Register  
before  
June 22  
and  
SAVE!!**

**Mark Your Calendar -- Save These Dates!!**

***Be Sure To Have Enough Diabetes Hours For Your Certified Diabetes Educator Renewal!!***

***Diabetes Seminar***

- June 7<sup>th</sup> 5:30 – 10 pm
- Signature Club. Lexington, KY
- Approval for Nursing CE and CME credits have been submitted
- For more information or to RSVP: Kathleen Stanley, Central Baptist Hospital, 850-260-6674

***The Latest Advances in Diabetes Management***

- October 5<sup>th</sup> all day
- Corbin Technology Center, Corbin, KY
- Nursing, Dietetic, Pharmacy and CDE hours will be submitted
- For more information or for brochure: Anna Jones 606-864-7432 or Cindi Farmer 606-526-8319
- Baptist Regional Medical Center, Marymount Medical Center, Laurel Co Health Dept., Southern KY AHEC, KDPCP of the Cumberland Valley District Health Dept

***Detecting...Treating...Preventing...  
DIABETES COMPLICATIONS***

- TRADE Annual Workshop
- October 11<sup>th</sup> 8-4:30 pm
- Hines Center, Philpot, KY (near Owensboro)
- Nursing, Dietetic, Pharmacy and CDE hours will be submitted
- For more information or for brochure: Deborah Fillman, KDPCP at Green River District, 270-686-7747 X 3016 [Deborah.fillman@ky.gov](mailto:Deborah.fillman@ky.gov)

***Diabetes: Solving the Management Puzzle***

- DECA, GLADE, KADE, TRADE, KDPCP, KDN Diabetes Symposium
- November 16<sup>th</sup> 8-4:30 pm
- Masterson's Restaurant. Louisville, KY
- Nursing, Dietetic, Pharmacy and CDE hours will be submitted
- For more information or for brochure: Janice Haile, KDPCP, 270-686-7747 X 3031 [Janice.haile@ky.gov](mailto:Janice.haile@ky.gov)

**National Speaker, Marian Franz,  
Shares Expertise at KY Dietetic  
Association Annual Conference Held  
in April**

*Submitted by Mechelle Coble, RD, CDE, Kentucky Diabetes Prevention and Control Program of the Lincoln Trail District Health Department, KDN, ADA, GLADE Member*

In attending the diabetes pre-conference of the KY Dietetic Association's (KDA) annual conference held April 18<sup>th</sup> in Covington, KY, I learned many important tidbits that I plan to incorporate into my teaching of comprehensive diabetes classes for patients. The conference was presented by national speakers, Marian Franz MS, RD, CDE and Susan Barlow RD, CDE. Both speakers helped clarify research regarding controversial issues such as carbohydrate and protein consumption alone or in conjunction with one another, and the idea of whether protein slows down carbohydrate absorption or keeps the blood sugar from dropping too low.

Both speakers also explained how situations are handled in their respective practices and discussed how to incorporate these ideas within our own practices. Some of the things discussed, however, such as dosing and titrating insulin, could only be accomplished by having a doctor on staff or in consultation.

I thoroughly enjoyed hearing the opinions of both national speakers. The seminar brought forth some of the issues that we face today. Thank you to KDA for providing this training --- and an added benefit is that the training hours will also count toward my certified diabetes educator (CDE) renewal!

**Franz Diabetes Tidbits from Conference**

1. In medical nutrition therapy, emphasize blood glucose, lipid, and blood pressure control NOT losing weight.
2. [www.adaevidencelibrary.com](http://www.adaevidencelibrary.com) is a wonderful tool to use!
3. Adding protein to carbohydrate does not help in the treatment of hypoglycemia and does not prevent subsequent hypoglycemia (only adds extra unneeded calories)
4. During sick days, replace carbohydrate every hour (about 50 g every 3-4 hours) especially if BG less than 200 mg/dl
5. For planned exercise (with physician approval), decrease premeal rapid acting insulin by 50% for 30 minutes of exercise and 75% for 60 minutes (or decrease basal and bolus insulin for all day exercise).
6. In persons with diabetes, a moderate amount of alcohol has no acute effect on glycemic control, blood pressure, or triglycerides. Alcohol should be considered an addition to the regular food / meal plan – no food should be omitted.



## DECA DIABETES EDUCATOR MEETINGS SCHEDULED

Diabetes Educators of the Cincinnati Area (DECA) (covers Northern Kentucky) invites anyone interested in diabetes to our programs. Please contact Susan Roszel, corresponding secretary at [sroszel@fuse.net](mailto:sroszel@fuse.net) or Jana McElroy at [jmcelroy@stelizabeth.com](mailto:jmcelroy@stelizabeth.com) or call 859-344-2496. Meetings are held in Cincinnati.

## ENDOCRINOLOGISTS MEETINGS SCHEDULED

The Ohio River Regional Chapter of the American Association of Clinical Endocrinologists (AACE) and the Kentuckiana Endocrine Club (KEC) meet on a regular basis. For a schedule of meetings, contact: Dr. Vasti Broadstone, Phone: 812-949-5700 E-mail: [joslin@FMHHS.com](mailto:joslin@FMHHS.com).

**\*Please Note the May 31, 2007 Kentuckiana Endocrine Club Meeting has been cancelled.**

**AACE Ohio River Regional Annual Meeting will be August 17-19, 2007 at the Riverfront Marriott, Covington, KY.**

## KENTUCKY DIABETES NETWORK (KDN) MEETINGS SCHEDULED

The Kentucky Diabetes Network (KDN) is a network of public and private providers striving to improve the treatment and outcomes for Kentuckians with diabetes, to promote early diagnosis, and ultimately to prevent the onset of diabetes.

Anyone interested in improving diabetes outcomes in KY may join. A membership form may be obtained at [www.kentuckydiabetes.net](http://www.kentuckydiabetes.net) or by calling 502-564-7996 (ask for diabetes program).

**2007 meeting times are 10:00 am—3:00 pm EST**

**June 8** Spindletop, Lexington  
**September 14** Paroquet Springs Conference Centre  
Shepherdsville  
**November 2** Baptist East Hospital, Louisville



## KADE DIABETES EDUCATOR MEETINGS SCHEDULED

The Kentucky Association of Diabetes Educators (KADE), which covers Lexington and Central Kentucky, meets the 3rd Tuesday of every month except summer (time & location vary). For a schedule or more information, contact:

Dana Graves Laura Hieronymus  
Phone: 859- 313-1282 Phone: 859-223-4074  
E-mail: [gravesdb@sjhlex.org](mailto:gravesdb@sjhlex.org) [laurahieronymus@cs.com](mailto:laurahieronymus@cs.com)

**Date:** September 18, 2007  
**Speaker:** Carol Mending  
**Location:** Extension Office, Winchester, Kentucky  
**Time:** To Be Announced  
**Topic:** To Be Announced

## TRADE DIABETES EDUCATOR MEETINGS SCHEDULED

The Tri-State Association of Diabetes Educators (TRADE), which covers Western KY/Southern IN, meets quarterly from 11 – 2 pm CST with complimentary lunch and continuing education units. To register, call (270) 686-7747 ext. 5581 or email [deborah.fillman@ky.gov](mailto:deborah.fillman@ky.gov).

**Date:** July 19, 2007  
**Title:** Medical Management of Diabetes  
**Speaker:** Raymond de la Rosa, MD  
**Location:** To Be Announced  
Murray, KY  
**Time:** 11:00 am-12:00 pm—Registration/Lunch/Demos  
12:00 pm-1:00 pm—Program  
1:00 pm-2:00 pm—Business Meeting

**ANNUAL ALL DAY WORKSHOP — OCTOBER 11, 2007 — CONTACT: [deborah.fillman@ky.gov](mailto:deborah.fillman@ky.gov)**

## GLADE DIABETES EDUCATOR MEETINGS SCHEDULED

The Greater Louisville Association of Diabetes Educators (GLADE), which covers Louisville and the surrounding area, meets the 2<sup>nd</sup> Tuesday every other month (*January, March, May, July, September, November, 2007*). Registration required. Please register and direct questions to Valerie Wade at 502-899-6681 or [Valerie.Wade@nortonhealthcare.org](mailto:Valerie.Wade@nortonhealthcare.org) until August. Beginning August, contact Diana Metcalf at [Diana.Metcalf@nortonhealthcare.org](mailto:Diana.Metcalf@nortonhealthcare.org).

**Date:** July 10, 2007  
**Time:** 5:30 pm—Business Meeting  
**Speaker:** 6:30 pm—Immediately following Meeting  
**September meeting to be determined.**

# Kentucky Diabetes Connection



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